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BIBDATASHEET

CONFIRMATION NO. 5912

Bib Data Sheet

SERIAL NUMBER 10/007,620	FILING DATE 12/05/2001 RULE	CLASS 715	GROUP ART UNIT 2179	ATTORNEY DOCKET NO. 29794/37022A
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APPLICANTS

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** CONTINUING DATA ***** *XLB*
 This appln claims benefit of 60/257,970 12/22/2000

** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/07/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>XLB</i> Examiner's Signature Initials	STATE OR COUNTRY WI	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

System and method for a seamless user interface for an integrated electronic health care information system

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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